Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (877) 527-3463

: (305)675-2811 Fax Number

LIMITED LIABILITY COMPANY

MSI, LLC

1. Carrie and the late

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MSI, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

P.O. BOX 667366

POMPANO BEACH, FL 33066

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

92 SADBERRY RD.

QUINCY, FL 32351

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's

ARTICLE IV MEMBERS (optional)

MANAGING MEMBER: RICHARD SRUTEN

P.O. BOX 667366

POMPANO BEACH, FL 33056

MANAGING MEMBER:

PATEESHA BUTLER BRUTEN.

P.O. BOX 667366

POMPANO BEACH, FL 33066

04 JUL 29 AM 9: 29
SECRETANT TALLAHASSFE TO THE

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PAGE 2 MSI, LLC

Sub/out

Signature of a member or an authorized representative of a

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

RICHARD BRUTEN

Typed or printed name of signee

04 JUL 29 AM 9: 29 SECRETARE SETATE TALLAHASSEE FLORIDA